



# Request for Preliminary Examination

## Please Type Requested Information

Candidate \_\_\_\_\_  
Last First Initial

Date of Examination \_\_\_\_\_ Department \_\_\_\_\_

Anticipated graduation date  Summer  Fall  Spring 20\_\_\_\_\_

Recommended Graduate Committee	
Name	Department
<i>(Advisor)</i>	

### Approvals

\_\_\_\_\_  
Signature of the Graduate Coordinator Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Department Head Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean of the School of Graduate Studies Date \_\_\_\_\_